

Renewal Application for Pest Control Dealer's Designated Agent

DESIGNATED AGENT LICENSE NO.:

Name:
Address:

IMPRINT

IMPORTANT – PLEASE READ!!
YOUR LICENSE WILL BE DELAYED IF THE APPLICATION IS INCOMPLETE.

NOTE: The Department of Pesticide Regulation has established time periods for processing permit applications, in compliance with Government Code Sections 15374 – 15378. Failure to comply with these time periods may be appealed to the Secretary for Environmental Protection, California Environmental Protection Agency, 555 Capitol Mall, Suite 235, Sacramento, California 95814, pursuant to the regulations set forth in Title 3, California Code of Regulations, Section 301. Under certain circumstances, the Secretary may order a reimbursement of filing fees. The time period established for the Designated Agent renewal is 30 days. In order to ensure receipt of your license prior to January 1, please submit the proper fee and the required documents for renewal before November 21. The Pest Control Dealer's Designated Agent License is issued for two years.

RENEWED

PROBLEM

DATA ENTRY

1. CHANGE OF NAME/ADDRESS. Section 6508 of Title 3, California Code of Regulations requires every person to whom a license or certificate is issued to immediately notify the director of any change in name, address, business organization, or any other matter shown in the application. Licenses and certificates are not transferable, and in case of a change of business organization or ownership, a new application and fee are required. No fee is required for a business name or address change, or for a name or address change of a licensee or certificate holder. PLEASE PRINT ANY NAME/ADDRESS CHANGES IN THE SPACE ABOVE.
2. FEE. Enclose a check/money order/credit card payment for the total amount due, payable to CASHIER, Department of Pesticide Regulation. Mail the payment and application form in the enclosed envelope to: Cashier, Department of Pesticide Regulation, 830 K Street, Sacramento, CA 95814-3510.
3. SIGN AND DATE the Renewal Application form. The Department requests your Social Security Number (SSN) as an alternate method of applicant identification. This is not public information and will not appear on any publication. Providing your SSN is strictly voluntary in accordance with the Privacy Act of 1974 (PL93-79).

The Renewal Fee is non-refundable.

TOTAL FEE (on or before 12/31/00): \$ 30
TOTAL FEE AFTER 12/31/00: \$ 40

SIGNATURE

TITLE

DATE

SOCIAL SECURITY NUMBER.